

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9705</u>	2. Fiscal Year Covered From: <u>1 / 01 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>Guy K. Fujimura</u> P.O. Box, Bldg., Room No., if any _____ Street <u>451 Atkinson Drive</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96814</u>	3. Name, file number, and address of labor organization. Name <u>International Longshore and Warehouse Union (ILWU) Local 142</u> Labor Organization File Number <u>016952</u> P.O. Box, Building and Room Number, if any _____ Street <u>451 Atkinson Drive</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96814</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Guy K Fujimura</u>	On <u>May 9, 2006</u> Date	<u>(808) 949-4161</u> Telephone Number

Name of Person Filing	Guy K. Fujimura	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Hawaii Dental Service</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 700</u></p> <p>Street <u>700 Bishop St.</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96813</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>See attached</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>See attached</u></p> <p>11.b. Approximate dollar value of such dealing. <u>See attached</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Spouse Susan A. Fujimura has a pre-existing consultant contract for government relations (married on 7/23/05) with Hawaii Dental Service.</u></p> <p>12.b. Amount <u>approximately \$16,000.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Attachment

Labor Organization

- 10. ILWU Local 142
451 Atkinson Drive
Honolulu, HI 96814
- 11a. The ILWU Local 142 provides for dental insurance coverage for its employees through Hawaii Dental Service.
- 11b. 2005 premiums paid were \$103,539.44

Trust

- 10. ILWU Health & Welfare Trust Fund
c/o Pacific Administrators
1440 Kapiolani Boulevard, Suite 800
Honolulu, HI 96814
- 11a. The ILWU Health & Welfare Trust Fund provides for dental coverage for participant ILWU members through Hawaii Dental Service.
- 11b. In 2005 approximately \$870,000.00 in premiums were paid.

Employer

- 10. Various. Sample listing of employers attached.
- 11a. In many ILWU Local 142 collective bargaining agreements dental coverage for members is provided through Hawaii Dental Service.
- 11b. I do not know the premium paid by these employers to Hawaii Dental Service

Guy K. Fujimura

Sample List of Employers Providing Dental Coverage Through HDS

Daiichiya – Love's Bakery, Inc.
P.O. Box 294
Honolulu, HI 96809

Del Monte Fresh Produce, Inc.
P.O. Box 200
Kunia, HI 96759

Dole Food Company Hawaii
1116 Whitmore Avenue
Wahiawa, HI 96786

Foodland Super Market, Ltd.
3536 Harding Avenue, Suite 100
Honolulu, HI 96816-2453

Gannett Pacific Corporation
dba The Honolulu Advertiser
P.O. Box 3350
605 Kapiolani Blvd.
Honolulu, HI 96801

Hawaiian Commercial & Sugar Co.
P.O. Box 266
Puunene, HI 96784

Maui Pineapple Company, Ltd.
P.O. Box 187
Kahului, HI 96733-6687

Mauna Kea Beach Hotel
62-100 Mauna Kea Beach Drive
Kamuela, HI 96743

McCabe, Hamilton & Renny Co., Ltd.
P.O. Box 210
Honolulu, HI 96810

The Westin Maui Resort & Spa
2365 Kaanapali Parkway
Lahaina, HI 96761

Wilcox Memorial Hospital
3420 Kuhio Highway
Lihue, HI 96766

Guy K. Fujimura